

Form CPF M 102: Campaign Finance Report

Municipal Form

Wunicipal Form TOWN CLERK'S OFFICE Office of Campaign and Political Finance ARLINGTON, MA 02174

2022 MAY -2 AM II: 30

File with: City or Town Clerk or Election Commission

Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end re	eport dissolution
	report dissolution
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end re	report dissolution
Kirsi Allison-Ampe Committee to Elect Kirsi Allison-Ampe	
Candidate Full Name (if applicable) Committee Name	
Arlington School Committee . Vesna Zaccheo Office Sought and District . Name of Committee Tre	encurer
2 Governor Rd Arlington MA 02474 34 Hamilton St Somerville MA 02144	bridge by A
Residential Address Committee Mailing Ad	ddress
E-mail: kirsi@allisonampe.org E-mail: vesna.n.zaccheo@	gmail.com
Phone # (optional): Phone # (optional):	
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	57.10
Line 2: Total receipts this period (page 3, line 11)	30.00
Line 3: Subtotal (line 1 plus line 2)	87.10
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	87.10
Line 6: Total in-kind contributions this period (page 6)	o
Line 7: Total (all) outstanding liabilities (page 7)	400.00
Line 8: Name of bank(s) used: Leader Bank, PayPal	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete stater activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature)	ement of all campaign finance d represents the campaign Date: 5/2/22
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete in the committee.	e not received any continuations,
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.C.	period and represents the
Signed under the penalties of perjury: (Candidate's signature)	Date: 5/2/22

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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a de la constanta de la consta			
ine 9: Total Receipt	ts over \$50 (or listed above)	d	
10 T. 1 D	42 050 and and and (2-41:-4-1-4-2-1-	\$30.00	
ne 10: 10tal Keceip	ts \$50 and under* (not listed above)	400.00	
44 MORAL DE	CEIPTS IN THE PERIOD	\$30.00	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together. from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Evnanditure	Amount
Jace I alu	(aipnaueticai itsting)	Augress	Purpose of Expenditure Bank fees	Amount
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		, .	-	
			The state of the s	
1		Line 12: Total Expenditure	es over \$50 (or listed above)	
				L
		Line 15: 10tal Expenditure	s \$50 and under* (not listed above)	
	Enter on nage 1 line 4 -	Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	THE CONTRACTOR OF THE CONTRACT			
,	The state of the s		1000	
		·		
	Line 15: In-Kind Contributions over \$50 (or listed above)			C
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			C

^{*}If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
3/3/10	Kırsı Allisan-Ampe	2 Governor Rd	loan for campaign	400.00
The state of the s				
	Enter on page 1, line 7	→ Line 18: TOTAL OUTST	ANDING LIABILITIES (ALL) 400.00